FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization This is an amended* Statement of Organization	JAN 2 1 2003	FORM STATEMENT DR-1 OF (Rev. 07/00) ORGANIZATION  For Office Use Only
*An initial Statement of Organization should be filled within 10 days of the commaking expenditures or incurring indebtedness exceeding \$500. Amendments change. Penalties may be imposed for late-filed Statements of Organization.	imittee's accepting contributions.	Comm. #
Committee to Elect Kubik Supervisor		
IMPORTANT: Indicate type of committee you are reporting for:  (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)		
COMMITTEE TREASURER This address used for all reminders and (Required by law) COMMITTEE CHAIR (List additional officers on separate page)		
Name  Diane  Mailing Address  3738 W9+h # 204  City, State Zip Code  Water 100, TA 50702  Phone (319 233-4531  e-Mail Eboney Eyes 10 hotmail.com  INDICATE PURPOSE OF COMMITTEE - Check One Box M. Advocate  Comment or description: To Elect Snaun Comment or description: To Elect Snaun Comment of Democrat  Comment of Democrat  County/Local Condidates and Local Ballpt/Franchise Committees Encounty:  Bank Account Name  Shaun M. Kubils  Name of Financial Institution/type of Account  John Deere Credit Union - Check  Mailing Address  City   State   Zip   I	Mailing Address  City, State Zip Code  Water loo T  Phone 319 233-  e-Mail e for/against candidate(s) Adve  So County Su  District: Black House  Year Standing for Election: 20  Iter: Date of Election: 11-5-6  Candidate name & Address or F  Mailing Address I  M	asg8  ocate for/against ballot issue(s)  peru Isur  uk County  002  2002
DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box:	e-Mail (Statement of intent required by law for all committees and committees using only p	il committees, except state parties and central ersonal funds.)
(1) OONATED TO COUNTY CENTRAL COMMITTEE	(6) PROPATED REFUND TO C	CONTRIBUTORS
(2) DONATED TOLOCAL/STATE/NAT'L POLITICAL PARTY (LOCAL/STATE/NAT'L POLITICAL PARTY (LOCAL/STATE/NATY (LOCA	ring one) (7) TRANSFER TO ANOTHER ( (CANDIDATES ONLY)	COMMITTEE OF THIS SAME CANDIDATE
(specify)	•	TTY GENERAL FUND (PACS ONLY)
(4) CITY/COUNTY/SCHOOUSTATE OF IOWA GENERAL FUND (underline one)	(9) OTHER (PACs ONLY), PLE	
(5) PARTISAN CONGRESSIONAL DISTRICT FUND		
STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON  I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in lowa Code chapter 56, chapter 688 and administrative rules found in chapter 351. Hatfirm that all committee officers have been informed of their appointment and obligations.		

Date Signed